


U.S. Department of State

**ALLOTMENT OF PAY/PRIOR SERVICE CREDIT APPLICATION AND
AUTHORIZATION TO MAKE, CHANGE, OR DISCONTINUE**

| | | | | | |
|--|--|--------------------------------|--|--|--|
| 1. U.S. Department or Agency STATE | | 2. Bureau or Service AF | | 3. Retirement System <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> FSR <input type="checkbox"/> FSPS | |
| 4. Name of Allotter (Last, First, MI.) NDIFE GODWIN M | | | 5. Employee or Social Security Number 206636273 | | |
| 6. Duty Station (City) (Country) ABUJA FCT NIGERIA | | | | | |
| 7. NATURE OF ACTION REQUESTED <input type="checkbox"/> FS Prior Service Credit <input type="checkbox"/> CS Prior Service Credit <input checked="" type="checkbox"/> Allotment of Pay <input type="checkbox"/> Emergency Evacuation Allotment | | | | | |
| Allotment Each Pay Period 5,000.00 | | From: 00.00 | | To: 5000 | |
| Type of Depositor Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Saving | | | | | |
| Name and Address of Financial Institution AMEEMCA COOPERATIVE | | | Routing/EIN Number | | |
| B. Countersigned (Allotter - Administrative Officer) | | | Depositor Account Number 210031 | | |
| 8. AUTHORIZATION BY ALLOTTER I hereby request and authorize a regular allotment to be <input checked="" type="checkbox"/> made, <input type="checkbox"/> changed, <input type="checkbox"/> discontinued, subject to approval, to be effective as indicated above, until altered by me in writing; or, an emergency evacuation allotment to be effective when countersigned by me, or if absent from the Post at time of evacuation, by the Post Administrative Officer; and I hereby release whatever claim to payment of salary I would otherwise have for the amount of this allotment and I also relinquish all right, privilege, and power to make a further allotment presented by this allotment, once the United States has issued a check payable to the allottee for this allotment. | | | | | |
| A. Signature of Allotter in Full (Sign Original Only)  | | | | Date (mm-dd-yyyy) 09-30-2021 | |
| B. Countersigned (Allotter - Administrative Officer) | | | | Date (mm-dd-yyyy) | |
| 9. ADMINISTRATIVE ACTION Appropriation | | | | | |
| 10. APPROVED, RECORDED, AND FORWARDED A. Title of Officer Responsible for Preparation of Payroll B. Signature of Officer Responsible for Preparation of Payroll (Type Name and Sign all Copies) Date (mm-dd-yyyy) | | | | | |
| WARNING: Disclose to Authorized Persons Only (22 CFR 171.32J(4)) Contains Information Protected by the PRIVACY ACT OF 1974 | | | | | |